



COMMUNITY DEVELOPMENT DIVISION
FREDERICK COUNTY, MARYLAND

Department of Permits and Inspections

30 North Market Street • Frederick, Maryland 21701

Phone (301) 600-2313 • Fax (301) 600-2309

2011 GAMING DISTRIBUTOR LICENSE RENEWAL

Date of Application _____

Distributor License Number _____

All 2010 Distributor Licenses will expire on December 31, 2010. Please complete the application below:

DISTRIBUTOR INFORMATION –

Company Name _____

Street Address _____ (street address is mandatory)

P.O. Box # _____

City, State, Zip _____

Phone Number _____

Fax Number _____

Everyone directly responsible for distributing gaming supplies, filling out reports, or customer service must sign the statement below. If you need additional forms feel free to make copies of this form.

All persons will need to supply a copy of their drivers' license (unless we have one on file).

DISTRIBUTORS REPRESENTATIVE INDIVIDUAL INFORMATION

Name _____

Home Street Address _____

P.O. Box _____

City, State, Zip _____

Phone Number _____

Cell Number _____

By signing below, I _____, solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in any way to gaming or gambling. I understand that the information given will be verified by a representative of the Frederick County Sheriffs' Office. I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, the collection of funds for Frederick County, the submittal of those collected funds to the Permits and Inspections Office on a monthly basis, and the submittal of monthly reports for all supplies sold to an operator/organization.

Signature

Notary Seal

Notary Signature: _____

My commission expires _____

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Distributor License Current Annual Fee: \$2194.00 Please make checks payable to: Frederick County. Mail check and the form(s) to the address above. No license renewal can be approved until all reports are received.
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Office use only: Date received _____ Date approved and mailed _____ Initials _____